

**FORM LM-30**  
**LABOR ORGANIZATION OFFICER AND**  
**EMPLOYEE REPORT**

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



**READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.**

1. File Number 4- <b>8518</b>	2. Fiscal Year Covered From: <b>01 / 01 / 2004</b> Through <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>MICHAEL G STEFONICK</b>	4. Name, file number, and address of labor organization. Name <b>ASBESTOS WORKERS AFL-CIO LU 34</b> Labor Organization File Number <b>037-461</b>
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street <b>5645 250TH ST.</b>	Street <b>95 EMPIRE DRIVE</b>
City <b>FOREST LAKE MN</b>	City <b>SAINT PAUL</b>
State <b>MN</b>	State <b>MINNESOTA</b>
ZIP Code + 4 <b>55025</b>	ZIP Code + 4 <b>551031856</b>
5. Position in labor organization. <b>EXECUTIVE BOARD</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>N/A</b> Trade Name, if any: <b>N/A</b>	7.a. Nature of Interest, Transaction, or Income. <b>N/A</b>
P.O. Box, Bldg., Room No., if any	
Street	
City	
State	
ZIP Code + 4	
7.b. Amount. <b>N/A</b>	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed **Mike Stefonick** On **04/06/05** Date  Telephone Number

Name of Person Filing	File Number U-
<p><b>B. Hold an interest in or derived income or economic benefit with monetary value from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>	
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/> N/A</p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization  <input type="checkbox"/> b. Trust  <input type="checkbox"/> c. Employer  <i>N/A</i></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/> N/A</p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>11.a. Nature of such dealing.  <i>N/A</i></p>
	<p>11.b. Approximate dollar value of such dealing. <input type="text"/></p>
	<p>12.a. Nature of interest held or income received.  <i>N/A</i></p>
	<p>12.b. Amount. <input type="text"/></p>
<p><b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b></p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/> N/A</p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.  <i>N/A</i></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. <input type="text"/></p>